			X 101 1
Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo Ammend the Scope of Authority from Spartanburg to the State of South Carolina.		BEFORE THE PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA TRANSPORTATION COVER SHEET	
(Please type or print)	Hub City Luxury Transport LLC	Telepho	ne: 864.909.1018
Submitted by: Address:	160 West Park Drive	Fax:	
	Spartanburg, SC	Other:	tenanat@gmail.com
		Email:	hubcityluxurytransport@gmail.com ements the filing and service of pleadings or other paper of South Carolina for the purpose of docketing and mus
	– Class C Taxi		Request to Amend Scope of Authority
	- Class C Charter		Request to Amend Tariff (rate increase, etc.
	1 - Class C Charter Bus	13 2014	Request to Amend Passenger Limit
	n – Class C Non-Emergency	SC SC ALL / DMS	Request
	n – Class E Household Goods	AIT I DIVIO	Exhibit
Applicatio	n – Class E Hazardous Waste		Late-Filed Exhibit
Application	n		Letter
	or Extension to Comply with Order		Proposed Order
Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded		Publisher's Affidavit	
	or Cancellation of Certificate		Reservation Letter
Request f	or Suspension		Response
	or Reinstatement		Return to Petition
Request 1	for Name Change on Certificate		Other:

CLASS C AMENDMENT FORM Mail or fax a copy to: File the original with: S.C. Office of Regulatory Staff **Public Service Commission of South Carolina Transportation Department** 1401 Main Street, Suite 900 Clerk's Office Columbia, S.C. 29201 **Motor Carrier Matters** (803) 737-0578 P.O. Box 11649 FAX (803) 737-0815 Columbia, S.C. 29211 (803) 896 - 5100 FAX (803) 896-5199 DATE: June 13, 2014 I have the following Certificate: Class C Taxi # ____ Class C Charter # 8901 Class C Charter Bus #____ Class C Non-Emergency #_____ Please consider this as my request for the following amendment(s) to my Certificate: Name Change _____ DBA: _____ (Current DBA if applicable) (Current Name) _____ DBA: _____ (New DBA if applicable) (New Name) **Scope of Authority** _____ To: State of South Carolina From: Spartanburg (New Scope) (Current Scope) **Passenger Limit** From: ___ (New Limit Number) (Current Limit Number) 160 West Park Drive Joel Petty & Hub City Luxury Transport LLC (Street and/or Mailing Address) Name & DBA if DBA is applicable) Spartanburg, South Carolina, 29306 (\$ignature) (City, State, Zip Code) 864.909.1018 (Title) Owner, President, etc.

(Telephone Number)